



NORFOLK BOWLS ASSOCIATION

A member of Bowls England

Consent Form for Parents/Carers

Name of Child..... Date of Birth...../...../.....

Address.....

email.....

Telephone No :(Home)..... (Work).....

In the interest of your child, it is essential to know whether he suffers from any illness or medical condition e.g. Diabetes, Asthma, Epilepsy, Autism, Dyslexia etc. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying club officials should be aware. Please also indicate any prescribed medication, etc.

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I have been informed that my child has been selected to represent Norfolk in an Under 25's/Under 30's league/Competition.

I consent to my child taking part, and acknowledge that Norfolk County EBA Association will take all reasonable steps in the exercise of their duty of care to him from accident or other harm.

I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to my child receiving urgent medical treatment which in the opinion of a qualified medical practitioner may be necessary, including transport to hospital.

I give permission for photographs to be taken by an authorised photographer nominated by Norfolk County EBA Association and these may be used for publicity purposes by this body.

I am the parent / legal guardian of the child.

Signed.....

Name..... Relationship.....

Date.....

Note: If you require information on the competition for which your child has been selected, or have concerns regarding your child's participation, please contact the person named below.

Peter Bird,
Hon Secretary,
Norfolk Bowls Association,
32 Sandy Lane,
Cromer NR27 9JT
Tel: 01263 512120 or 07733334712
email: peter.bird10@tiscali.co.uk